

# EDGEFIELD COUNTY CHEERLEADERS ASSOCIATION

## 2009 CHEERLEADING REGISTRATION

Please complete all the information on **front and** legibly **sign where applicable**.

**CHEERLEADER INFORMATION:** Please list **ONE** child per form-**Proof of age and Birth Certificate** required for new participants.

<b>Name:</b> _____ <b>Birth Date:</b> _____ <b>Age(as of 9/1/09):</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>ST</b> _____ <b>Zip</b> _____ <b>Home Phone:</b> _____ <b>Parents:</b> _____	<b>Returning ECYFL Cheerleader:</b> __ Yes __ No <b>Number of years in League:</b> _____ <b>Team:</b> _____ <b>September Grade:</b> _____ <b>School:</b> _____ <b>Dress Size:</b> _____ <b>Ht:</b> _____ <b>Wt:</b> _____ <b>Guardians:</b> _____
<b>Please list any important medical conditions That coaching personnel should be aware of:</b> _____ _____ _____ <b>Allergies:</b> _____ _____ _____ <b>Primary Physician:</b> _____ <b>Phone:</b> _____	<b>Other siblings registered in 2009 with ECYFL:</b> <b>Name:</b> _____ <b>Age:</b> _____ _____ _____ <b>Medication(s):</b> _____ <b>Insurance Co:</b> _____ <b>Policy Number:</b> _____ <b>Dentist:</b> _____ <b>Phone:</b> _____

### PARENT INFORMATION

Volunteers run ECYFL. We need parents to help so the league can operate. Parents are expected to volunteer as needed. (anyone wanting a Coaching position, must fill out an application and is subject to a background search) Check any of the following: Head Coach\_\_ Assistant Coach\_\_ Concession\_\_ Parking\_\_ Chain Gang\_\_ Team Mom or Dad\_\_ Team Banquet Planner\_\_

<b>Father:</b> _____ <b>Home Phone:</b> _____ <b>Work:</b> _____ <b>Cell Phone:</b> _____ <b>Pager:</b> _____ <b>E-Mail:</b> _____ <b>Emergency Contact (other than parents):</b> _____ <b>Relationship:</b> _____ <b>Phone: (H)</b> _____ <b>(W)</b> _____ <b>(C)</b> _____ <b>(P)</b> _____	<b>Mother:</b> _____ <b>Home Phone:</b> _____ <b>Work:</b> _____ <b>Cell Phone:</b> _____ <b>Pager:</b> _____ <b>E-Mail:</b> _____
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### LIABILITY WAIVER

I do hereby grant permission for the above named youth to participate in any and all activities of the ECYFL during the 2009 season. I assume all risks and hazards incidental to such participation including transportation and from such activities and do hereby waive, release, absolve, indemnify, and agree to hold harmless the ECYFL, organizers, respective coaches, assistants, league officials, agents, other players or parents/guardians, sponsors, supervisors, participants, volunteers, and any other persons from any and all claims for damage or injury arising from any activities of this sports program, except the extent and in the amount covered by accident or liability insurance. I further grant permission for emergency first aid to be given to this minor and for him/her to be taken to the emergency room of a nearby hospital in the event of serious injury. Permission is granted to the hospital and staff to provide any treatment that that physician deems necessary for the well being of the child.

I understand that the assignment of my child to the League teams is at the discretion of the League Officials. I will furnish a Birth Certificate of the above named candidate when requested to do so by the code of conduct in the ECYFL and the code of conduct in the ECYFL Bylaws.

**Cheerleader:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### ECYFL USE ONLY: Notes:

**Registration Date:** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Check#** \_\_\_\_\_ **Amount** \_\_\_\_\_  
**Squad Assigned: (1)** \_\_\_\_\_ **(2)** \_\_\_\_\_ **(3)** \_\_\_\_\_